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CONFIRMATION NO. 1003

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|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 10/821,330 | FILING OR 371(c) DATE 04/09/2004 RULE | CLASS 435 | GROUP ART UNIT 1646 | ATTORNEY DOCKET NO. 58767US003 |
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/640,904 08/14/2003
 and claims benefit of 60/533,703 12/31/2003
 and claims benefit of 60/462,140 04/10/2003
 and claims benefit of 60/515,256 10/29/2003
 and claims benefit of 60/515,604 10/30/2003
 and claims benefit of 60/545,424 02/18/2004
 and claims benefit of 60/545,542 02/18/2004

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 06/24/2004**

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|--|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY MN | SHEETS DRAWING 1 | TOTAL CLAIMS 45 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | |

ADDRESS

32692

TITLE

Methods and compositions for enhancing immune response

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| FILING FEE RECEIVED 1350 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
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